



Procedure: Tobacco, Alcohol and Substance Use Screening

Volume: Nutrition Services/Breastfeeding

Section: Value Enhanced Nutrition Assessment

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Purpose

To outline the procedure used to screen pregnant, breastfeeding and postpartum women for tobacco, alcohol and other substance use and determine associated risk factors.

To provide information and referrals to all categories of adult participants and to parents or caretakers of child participants in accordance with the Anti-Drug Abuse Act of 1988 and Child Nutrition and WIC Reauthorization Act of 1989

Screening for Substance Use

All pregnant, breastfeeding and postpartum women must be screened for substance use.

- Screening for tobacco, alcohol and/or substance use may be completed in either of two ways.
1. Asking questions during nutrition assessment related to use of tobacco, alcohol, illegal drugs, prescription and/or over the counter medications, and frequency of use before, during and after pregnancy.
 2. Using the 4P's Screening Form, found at the end of this procedure.

4P's Screening Form Method

The 4P's is a brief screen developed for use in prenatal clinics. The tool asks four yes/no questions about a client's alcohol and/or drug use problems during the current pregnancy, in her past, in her partner, in her friends, and in her parents. Questions asking the client about the amount of alcohol/drug use are also asked.

When the 4P's form is used for screening – the participants name should not be written on the form. The form will not be included in the client's chart. Use information indicated on the form to complete appropriate fields on the WIC system.

One yes answer to any of the four questions is considered a positive screen, and may be a useful indicator for potential substance use.

Documentation

- Enter responses from the screening questions and/or form in WIC system appropriate fields on page 2 of the certification screens.
- Assign risk codes related to alcohol, tobacco, or other drug use as appropriate.
- Enter relevant information on the assessment/care plan form and/or in the client notes section of the computer system.

Education

- Discuss the information obtained from the 4P's form with the client using a non-judgmental approach.
- Provide education about the effects of tobacco, alcohol and drug use during pregnancy.
- This information can be provided in the form of discussion, written materials, videos, etc.
- Information should be provided during the certification visit and at follow-up nutrition education visits as appropriate.

- If a client indicates she has problem with alcohol or drug use she may be ready to accept help. Discuss your concern with the client and encourage the client to talk with a counselor about her pattern of drinking or drug use. Make a referral to an alcohol/drug treatment person.

Federal Regulations require information about alcohol, drug and substance use information must be provided to all pregnant, postpartum, and breastfeeding women and to parents/caretakers of infants and children participating in the program

Brochures

The following brochures may be used to when providing information:

- "10 Reasons Not to Drink, Smoke or Do Drugs During Pregnancy" (Noodle Soup) Supplied by the State WIC Office
- "Drinking and Your Pregnancy" (NIH Publication No. 96-4101) supplied by the State WIC Office
- "Pregnant? Drugs and Alcohol Can Hurt Your Unborn Baby" (USDA). Available from the State WIC Office (this brochure is also available in Spanish)
- Other materials as provided by WIC Works Resource System, smoking cessation programs, community alcohol/drug use providers, etc.

Local & Community Services for Substance Use

Local WIC agencies are required to maintain and make available a list of local drug and substance use resources for distribution to all adult participants and to parents/responsible parties of infants and children applying for and participating in the WIC program.

Referrals

If responses to screening questions are positive, or indicate that alcohol or drug use may be a possibility, a referral should be made to an appropriate counseling, treatment or education program where services are locally available. Make referrals as appropriate to all pregnant, breastfeeding and postpartum women and to parents/responsible party of child participants

Document in the WIC computer system that a referral was made.

- This documentation should be made on page 4 of the certification screen in the "referral to" field

Release of Information for Formal Referrals

To make a formal referral, the "Authorization For Release of Information" section of the WIC Release of Information Form must be completed by WIC staff and signed by the client before any of the participant's information can be sent to the referral agency.

See the WIC Procedure Manual Volume I for more information. The client should be informed that receipt of WIC benefits does not depend on her consent for the referral, nor does failure to sign this form in any way jeopardize program eligibility or participation.

4 P's Screening Form: This form is confidential and does not affect your participation in the WIC program

The following questions are about tobacco, alcohol and drug use.

Please help us by placing an X next to your answer or writing in your answer.

One drink is: 1 can or bottle of beer
1 mixed drink
1 5-oz glass of wine
1 single shot of liquor



or



or



or



IF YOU ARE CURRENTLY PREGNANT
FILL OUT THE FIRST 2 COLUMNS

IF YOU'VE ALREADY HAD YOUR BABY
FILL OUT ALL 3 COLUMNS

In the 3 months BEFORE you were pregnant	Currently	During the LAST 3 MONTHS OF your pregnancy
1. Did you smoke cigarettes or use tobacco? ____ Yes ____ No	1. Did you smoke cigarettes or use tobacco? ____ Yes ____ No	1. Did you smoke cigarettes or use tobacco? ____ Yes ____ No
2. How many cigarettes did you smoke on an average day? # of cigarettes _____	2. How many cigarettes do you smoke on an average day? # of cigarettes _____	2. How many cigarettes did you smoke on an average day? # of cigarettes _____
3. Did you drink alcohol? ____ Yes ____ No	3. Do you drink alcohol? ____ Yes ____ No	3. Did you drink alcohol? ____ Yes ____ No
4. How many alcoholic drinks did you have in the average week? # of drinks _____	4. How many alcoholic drinks do you have in the average week? # of drinks _____	4. How many alcoholic drinks did you have in the average week? # of drinks _____
5. Did you use drugs such as marijuana, cocaine, methamphetamine, speed, LSD, heroin, or any other drugs? ____ Yes ____ No	5. Do you use drugs such as marijuana, cocaine, methamphetamine, speed, LSD, heroin, or any other drugs? ____ Yes ____ No	5. Did you use drugs such as marijuana, cocaine, methamphetamine, speed, LSD, heroin, or any other drugs? ____ Yes ____ No

Did any of your parents have a problem with using alcohol or drugs? ____ Yes ____ No

Do any of your friends have a problem with alcohol or drug use? ____ Yes ____ No

Does your partner have a problem with alcohol or drug use? ____ Yes ____ No

Have you ever had a problem with alcohol or drug use? ____ Yes ____ No